DDD-1087AFORPF (10-05) (English)

Clear The Form

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Developmental Disabilities

DD/ALTCS MEMBER SURVEY

To be completed by the member *(or a caregiver about the member)*. Please return completed survey to:
Health Care Services/Program Operations Manager
2200 North Central Avenue, Suite 207, Site Code 795M
Phoenix, Arizona 85005

_____ _____
Today's date *Member's age*

DD/ALTCS health plan: ☐ APIPA ☐ Capstone ☐ Care1st Health Plan ☐ Mercy Care Plan County _____

Person completing survey: ☐ DD/ALTCS member ☐ Parent ☐ Caregiver ☐ Support Coordinator ☐ Other

Name *(optional)* _____

In the last six (6) months, have you:	Yes	No	Are you satisfied with…	Yes	No
…seen your Primary Care Provider (PCP)?	☐	☐	…the care you received from your PCP?	☐	☐
…seen your dentist?	☐	☐	…the care you received from your dentist?	☐	☐
…seen any other health care professional through your ALTCS health plan?	☐	☐	…the care you received from other health care professionals?	☐	☐
…contacted your ALTCS health plan?	☐	☐	…how staff at your health care plan helped you?	☐	☐

Is there anything you would like us to know about your health care or about the services from your ALTCS health plan? If yes, please write it, or ask your Support Coordinator to write it, in the space below. You may also call us at 602-238-9028 and talk to us about it.

Thank you for your time! Your satisfaction is important to DDD.

Support Coordinator: If there is something you would like to bring to the attention of Health Care Services (HCS) and a health plan, please use the space below to tell us about it. HCS will relay your concern on to the health care plan and will work with the health care plan staff to correct the problem(s).

Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964, and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.